EL668292918US

DATE DEPOSITED:

08/22/2001



Approved for use through 10/31/2002 OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

### **DECLARATION FOR UTILITY OR DESIGN** PATENT APPLICATION (37 CFR 1.63)

☑ Declaration Şu'əmitted was Initial

Filling

OR

☐ Declaration Submitted after Initial Filing (surcharge (37 ČFR 1.16 (e)) required)

Attorney Docket Number		5820.603		
First Named Inventor		Weigel et al.		
COMPL	ETE IF	KNOWN		
Application Number	09/8	42,930		
Filing Date	04/25/2001			
Group Art Unit	Not	Yet Assigned		
Examiner Name	Not Y	Yet Assigned		

### As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

#### IDENTIFICATION OF HYALURONAN RECEPTOR FOR ENDOCYTOSIS

(Title of the Invention	)
-------------------------	---

the specification of which

is attached hereto

ľIJ

: 2

IJ

ij

ľIJ ij 13

-

as United States Application Number or PCT International

Application Number 09/842,930

04/25/2001 was filed on (MM/DD/YYYY)

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or any PCT international application baying a filing date before that of the application on which priority is claimed.

centificate, or any PC1 international application having a tiling date before that of the application on which phoney is claimed.								
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified C	opy Attached? NO			
☐ Additional foreign application	numbers are listed on a	supplemental priority d	ata sheet PTO/SB	/02B attached	hereto:			
I hereby claim the benefit under	r 35 U.S.C. 119(e) of an	y United States provision	onal application(s)	listed below.				
Application Number(s) 60/245,320 60/199,538	Filing Dat 11/2/2000 4/25/2000	e (MM/DD/YYYY) )	numbers supplem	al provisional a s are listed on ental priority d /02B attached	ata sheet			

[Page 1 of 2]

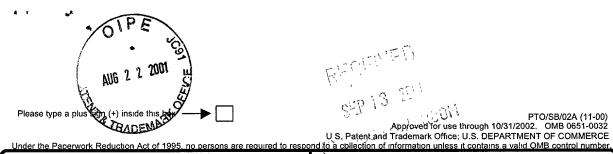
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

1	<u>,</u>	) [	F	E		
· ·	AU6	2	2	2Ó01	C91 3	$\rightarrow$ [

PTO/SB/01 (10-00)
Approved for use through 10/31/2002 OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Papaswork Reduction Activities are required to respond to a collection of information unless it contains a valid OMB control number.

# **DECLARATION** — Utility or Design Patent Application

Direct all corr		ustomer Nur Bar Code L					Correspondence address	s below
Name	Dunlap, Codding & Ro	gers, P.C.			RE(	OF!		
Address	Kathryn L. Hester, Ph.I	D.			SEF	1 4 23G1		14
Address	9400 North Broadway,	Suite 420			TC	11:00	<i>J</i>	
City	Oklahoma City,				State O	К	ZIP 73114	
Country US	5A		Telephone	, (405) 4	78-5344		Fax (405) 478-534	9
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF	SOLE OR FIRST INV	ENTOR:		_]	A petitic	n has been fi	led for this unsigned	l inventor
Given Name (first and mid	Davi II				Family N or Surna			
Inventor's Signature	Paul	H. W	lege	1_			Date 6-13-	01
Residence: C	ity Edmond		]	State C	K c	ountry USA	Citizenship USA	<b>A</b>
Mailing Addre	ess 817 Hollowdale							
Mailing Addre	ess							
City Edmon	d,	State(	ΟK		ZIP 73	003	Country USA	
NAME OF	SECOND INVENTOR				A petition	on has been f	iled for this unsigned	d inventor
Given Name (first and mid	dle [if any])				Family N	Waina	1	
Inventor's Signature	1 1 0	We	egel	1			Date 6-13-0	1
Residence: (	city Edmond		<i>y</i> ,	State Ol	ζ	Country USA	Citizenship USA	
Mailing Addr	ess 817 Hollowdale							
Mailing Addr	ess							
City Edmor		State OF	ζ.		<b>ZIP</b> 73	003	Country USA	
	inventors are being named	<u> </u>	_suppleme	ntal Addition	nal Inven	tor(s) sheet(s) P	TO/SB/02A attached her	eto.



## **DECLARATION**

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 2

		•				
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any		Family Name	or Sur	name		
Bin		Zho	ou			
Inventor's Bin Zhou					Date 4/27/2001	
Residence: City	State OK		Country USA	C	itizenship China	
Mailing Address 1709 St. Christopher Driv	/e				RECEIVE	
Mailing Address					SEP 1 4 2001	
City Edmond	State OK		ZIP 73003 C	ountry	USA	
Name of Additional Joint Inventor, if a	ny:		A petition has been filed t			
Given Name (first and middle [if any	])		Family Name	or Su	rname	
Inventor's Signature					Date	
			_			
Residence: City	State		Country		Citizenship	
Mailing Address	····					
Mailing Address			1	,		
City	State		ZIP	Count	try	
Name of Additional Joint Inventor, if a	ny:		A petition has been filed fo	or this u	ınsigned inventor	
Given Name (first and middle [if any]	Family Name or Surname					
Inventor's Signature					Date	
Residence: City	State	Country			Citizenship	
Mailing Address						
Mailing Address						
City	State		71P	Cou	ntry	



EL668292918US 08/23/2001

PTO/SB/81 (10-00)
Approved for use through 10/31/2002 OMB 0651-0035
U.S Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number

## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	09/242,930
Filing Date	04/26/2001
First Named Inventor	Weigel et al.
Group Art Unit	Not Yet Assigned
Examiner Name	Not Yet Assigned
Attorney Docket Number	

I hereby	appoint:				Γ		<del></del>			
☐ Pra		Customer Number		]	→ No	ace Customer umber Bar Code abel here				
X Pra	ctitioner(s) na	med below:			<u> </u>					
	Name Registration Number Name Registration Number									
	Jerry J. Dunlap									
	Christopher W.Corbett 36,109 Nicholas D. Rouse 36,992									
	Glen M. Burdick 24,230 Marc A. Brockhaus 40,923									
	Richard A. Nelson 45,995 Kathryn L. Hester 46,768									
as my/our		r agent(s) to prosecute the a States Patent and Trademark				o transact all				
	_	espondence address for the a ed Customer Number.	above-identif	ied applica	ation to:					
X Firm o	r ual Name	Dunlap, Codding & Rogers,	, P.C.							
Address		9400 North Broadway, Suite 420								
Address		Kathryn L. Hester, Ph.D.								
City		Oklahoma City	s	tate OK		Zip 73114	·			
Country		US								
Telephone		(405) 478-5344	F	ax (405) 4	78-5349					
I am the:										
App	olicant/Invento	or.								
		ord of the entire interest. See 37 CFR 3.73(b) is enclosed.								
		SIGNATURE of Applicant	or Assignee	of Record	j					
Name	Joseph	L. Waner, Ph.D., Director Office of T	Technology Dev	elopment						
Signature	Jo	seph & DiJanes	<u> </u>							
Date		6/13/01								
NOTE: Signature forms if more that	s of all the inven n one signature i	tors or assignees of record of the er s required, see below*.	ntire interest or	their represe	entative(s) ar	e required. Submit	multiple			
□ *Total of	for	ms are submitted.	x Missin	a Darto						
		DU	וווככוויו אי	a raits						

Commissioner For Patents Washington, D.C. 20231